



CITY OF SUGAR LAND

ENGINEERING DEPARTMENT VARIANCE REQUEST

SUBMITTAL REQUIREMENTS:	_____	Completed Variance Request Form
	_____	\$400 Application Fee (non-refundable)
	_____	Three (3) copies of the Site Plan
	_____	Names and Addresses of all Property Owners/Tenants within 200 feet of the Site (if applicable)
	_____	A Vicinity Map
	_____	Variance Justification (attached sheet)

Applicant's Name: _____

Company: _____

Address: _____

Daytime Phone: _____ **Fax:** _____

Owner's Name: _____

Company: _____

Address: _____

Daytime Phone: _____ **Fax:** _____

Property Legal Description: _____ See Attached ().

Lot: _____ **Block:** _____ **Subdivision:** _____

Current Zone: _____ **Requested Zone:** _____ **SIC#:** _____

This is a () new () existing building.

Variance Information:

Type of Variance: _____

Section of Ordinance from which Variance is being sought: _____

Variance Justification: (Please attach a separate sheet)

1. Will granting of the variance improve the function and use of the land involved? (If yes describe how it will improve it)
2. Will granting of the variance be detrimental to the public health, safety or welfare or injurious to other property in the area?
3. Is granting of the variance necessary for the reasonable use of this property? (if yes describe how it is necessary)
4. Is this variance an appropriate design solution? (if yes why is it appropriate)

Note: This request will not be accepted by the City unless it is accompanied by the required data and the appropriate fee in the form of cash or check made payable to the City of Sugar Land.

Signature of Applicant: _____ **Date:** _____